

CLAIMS ONLY							Application Number 09/965668		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/								
2			X								
3			X								
4			/								
5			X								
6			X								
7			/								
8			X								
9			X								
10			X								
11			X								
12			/								
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43			/								
44			/								
45			/								
46			/								
47			/								
48			/								
49			/								
50			/								
Total Indep			4								
Total Depend			7								
Total Claims			11								